

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1	1			
11		1		1		
12		1				
13		0				
14		0				
15		0				
16		0				
17		0				
18		0				
19		1				
20	1		1			
21		1		1		
22	1					
23		1				
24		1				
25		1				
26		1				
27		2				
28		2				
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50						
TOTAL IND.	3		2			
TOTAL DEP.	27		2			
TOTAL CLAIMS	30		4			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS